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CONFIRMATION NO. 1232

<b>SERIAL NUMBER</b> 10/015,631	<b>FILING OR 371(c) DATE</b> 12/10/2001 <b>RULE</b>	<b>CLASS</b> 606	<b>GROUP ART UNIT</b> 3731	<b>ATTORNEY DOCKET NO.</b> END-786
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*harrington 9/14/07*

**\*\* CONTINUING DATA \*\*\*\*\*** *YES, harrington 9/14/07*  
 This application is a CIP of 09/692,633 10/19/2000 PAT 6,447,524 and is a CIP of 09/692,627 10/19/2000 PAT 6,773,438 and is a CIP of 09/692,636 10/19/2000 PAT 6,425,900

**\*\* FOREIGN APPLICATIONS \*\*\*\*\***

**IF REQUIRED, FOREIGN FILING LICENSE GRANTED**  
**\*\* 02/27/2002**

Foreign Priority claimed <input type="checkbox"/> yes <input checked="" type="checkbox"/> no	<b>STATE OR COUNTRY</b> OH	<b>SHEETS DRAWING</b> 28	<b>TOTAL CLAIMS</b> 17	<b>INDEPENDENT CLAIMS</b> 2
35 USC 119 (a-d) conditions met <input type="checkbox"/> yes <input type="checkbox"/> no <input type="checkbox"/> Met after Allowance				
Verified and Acknowledged <i>harrington</i> Examiner's Signature	<i>TD</i> Initials			

**ADDRESS**  
27777

**TITLE**  
Surgical instrument having a fastener delivery mechanism

<b>FILING FEE RECEIVED</b> 740	FEES: Authority has been given in Paper No. _____ to charge/credit DEPOSIT ACCOUNT No. _____ for following:	<input type="checkbox"/> All Fees <input type="checkbox"/> 1.16 Fees ( Filing ) <input type="checkbox"/> 1.17 Fees ( Processing Ext. of time ) <input type="checkbox"/> 1.18 Fees ( Issue ) <input type="checkbox"/> Other _____ <input type="checkbox"/> Credit
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